


TRANSMITTAL SLIP		DATE _____	
TO: <i>DTR</i>			
ROOM NO.	BUILDING		
REMARKS: <i>Per your Request</i>			
FROM: <i>25X1A9a</i> 			
ROOM NO.	BUILDING	EXTENSION	
<i>426</i>	<i>COC</i>		
FORM NO. 241 1 FEB 55		REPLACES FORM 36-8 WHICH MAY BE USED.	

(47)